

BRIEF ON ATTITUDES TOWARDS EBOLA-RELATED
FUNERARY PRACTICES AND MEMORIALIZATION IN URBAN LIBERIA
AUTHORS: SHARON ABRAMOWITZ AND PAT OMIDIAN (PI-WHO/GOLO)

Dear colleagues,

Juliet Bedford has charged me (SA) with summarizing the attitudes of Monrovia community leaders and residents towards cremation, mass burials, memorialization, and remembrance ceremonies based on WHO/GOL data collected in August 2014 (collected by PO). Although the data presented below is a thin summary of overall findings, it is important to emphasize that these data represent publicly stated opinions at WHO facilitated focus groups/community meetings, specific attitudes and opinions were diverse, highly nuanced, and sensitive to the risks posed to the entire Liberian population by Ebola.

METHODS: The analysis presented is based on two studies collected by Liberian-staffed GOL/WHO research teams trained and directed by an applied medical anthropologist during the period August 4-17, 2014. The first study involved thirteen communities, including nine urban settlements in Monrovia, the capital of Liberia, and four peri-urban townships in Montserrado and Margibi counties within driving distance to Monrovia¹. During the period of data collection, research teams conducted focus groups in each of the thirteen communities in order to identify which local and government messages were being circulated and retained about Ebola. At the same time, researchers, including the team leader, conducted key informant interviews with local community members, community leaders, and local and regional health and governmental officials. Then, the GOL/WHO research team facilitated community discussions that included education and training on Ebola causes and preventive behaviors to large community groups. The study was implemented for the purpose of program development and evaluation and public health communication.

The second was a GOL/WHO rapid assessment of community leaders' perceptions of appropriate management practices for addressing the incidence of Ebola in their communities. The research teams were trained and directed by an applied medical anthropologist and conducted data collection from September 1-20th, 2014 in 15 communities in Monrovia and in Montserrado County, Liberia. Data are drawn from focus groups, qualitative field notes, and supporting literatures. Research teams conducted 15 focus groups, one in each community, consisting of 15-20 people of mixed gender, for a total of 368 participants. All were community leaders, drawn from women's groups, youth groups, local zonal heads, political groups, clinics, church-based organizations, non-governmental organizations, and recreational clubs.

De-identified data were analyzed by a team of public health and anthropological researchers at the University of Florida and at Yale University in October 2014, who thematically identified, coded, and analyzed trends at the community level and correlated trends with key informant interviews and PI field notes. The findings reported below incorporate both quantitative data from the focus group analysis and qualitative data from key informant interviews and field notes.¹ This study received an expedited review and exemption under the University of Florida Institutional Review Board for the Protection of Human Subjects (IRB-02) #2014-U-1117.

Best,
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ISSUE 1: Evidence of Death, The Proper Treatment of the Dead, and Proper Handling of Corpses

The most significant finding in the data was that the desire for traditional burial practices was not a robust obstacle for individuals' support of cremation. Instead, the preeminent factor affecting both attitudes towards cremation, and attitudes towards mass graves, and even attitudes towards seeking help at hospitals and Ebola Treatment Units (ETUs) was widespread concern over the correct handling of dead bodies.

Consider the following statement: "Once fire is set on body, the virus will die. But when the person is tested and it has been confirmed that the person has the virus, their family members should be informed and updated on their health status until they die." This statement clearly links Liberians' concerns about cremation with their suspicion that healthcare facilities were not informing family members of the death of loved ones. This fear was echoed in another study that I wrote up in recent days, in which one man described looking for a family member who had been removed by a health team in health facilities across Monrovia, and was unable to find record of her admission, discharge, or death at any of them.

The psychosocial implications of this concern are meaningful, especially among a population that was substantially impacted by illness, injury, and death during the Liberian Civil War, when separation from family members often meant permanent loss, death, or disappearance. Seeing evidence that a loved one has died provides significant closure, and enables the mourning process. However, in the current epidemic, this experience has been denied to many family members. Liberian community members are highly concerned about the fact that their sick family members might just "disappear," and the proper management of bodies after death is strongly informed by these discussions, as well as by cultural beliefs and practices.

Communities are also intensely concerned about the treatment of bodies after death. Some were concerned that "health workers were injecting people to death and then selling body parts, so cremation concealed the theft of body parts." Still others were concerned that body parts were being circulated through a global network of trade. Quite reasonably, respondents wanted to know that the bodies of the dead had been handled properly for burial, and that they hadn't undergone any kind of disfigurement, dismemberment, or disrespectful disposal.

Community Recommendations: In order to redress these issues, citizens made several recommendations. Some argued that one family member should be present to observe the burial or cremation of their loved one, as living proof that the body was handled properly, with dignity. Others argued strongly that family members should be informed if their loved ones had died and been buried or cremated. Still others recommended showing photographs of the corpses to family members, noting, "When other people have died in the past of other causes, their pictures were shown to people, but when Ebola victims are dying, their pictures aren't shown."

One additional issue factor involves the interpretive "flex" that community members are employing in making a determination about whether or not deaths are caused by Ebola. There is recognition that Ebola deaths require cremation, but that other deaths do not. However, in current conditions, there are many causes of death with symptoms similar to Ebola. Furthermore, there are nearly no testing facilities in these communities. Therefore, when community members die, communities are left responsible for making a sometimes impossible determination about the cause of death – malaria, cholera, or Ebola, for

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example – and this has a confusing impact upon a community’s determination about what to do with its’ corpses. This confusion is recognized by the community, leading one person to suggest that “government needs to put a proper mechanism in place to test dead bodies.” This would have the result that “if the government tests the bodies positive then the government can cremate them - cremation is allowed.” In order to eliminate any interpretive flexibility, and to avoid recent impressions of favoritism re: the granting of exceptions to permit burials for certain prominent figures in the community who had died of Ebola, others recommended that “every dead body should be burned, and the government should not pick and choose.”

SA Recommendations:

- **Distribution of international health identification numbers that can be returned to family after death**
- **Immediate Implementation of a Birth Registry and Death Registry, with local community leaders as key data collectors, surveillance, and reporting**
- **Implement recommendations of the community, including:**
 - **Providing photograph of corpses to family members**
 - **Provide written or verbal notification to family members**
 - **Public daily listings outside of hospitals of patients in treatment, discharged, or dead**
- **The creation of a “Missing Persons” Ebola Registry with ties to hospitals, ETUs, and communities to help family members track down lost loved ones (recommended partner – IFRC)**
- **Implementation of a uniform policy for managing *all dead* during the Ebola crisis – either burial or cremation – so as to avoid “interpretive flex” in communities with dead people and no testing facilities**

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ISSUE 2: On Cremation

Support: Many respondents supported cremation on public health grounds, recognizing that it was a *temporary emergency measure*. Respondents detailed the following explanations: “The traditional practice of kissing, hugging, bathing, washing spread the virus.” “Cremation is better for now and helps keep more property safe and not use gravesites.” “Yes for cremation to protect against future virus infection and to stop spread of virus.” This position was echoed widely in all communities, and they anticipated a return to normal practices after the end of the epidemic.

Among those who supported cremation, there was considerable debate about how to manage the ashes. In order to make cremation culturally acceptable, several people recommended creating a mass grave site for cremated ashes, where loved ones could gather to remember the dead. Others wished to have the ashes returned to the family, as a token of remembrance or as proof that their loved ones had in fact died and been cremated. Still more were worried that even after cremation, the ashes posed sources of infection, and argued that the government should retain control over the ashes.

Opposition: A minority of respondents was opposed to cremation on the grounds that it was inconsistent with traditional practices and beliefs, which were detailed in the study. Noting that, “Cremation is not a good idea because it’s not a part of culture,” or “That we came from dust, and to dust we should return, so we should bury the bodies,” respondents insisted that burial was a culturally important way of remembering and honoring the dead. There was also opposition to cremation because family members would have nowhere to go to remember the dead. There was considerable skepticism about whether or not it was “the government’s” proper place to be managing funerary practices, as this was seen as a private familial and communal concern.

Attitudes Towards Cremation Sites

Many people in the community do not associate a mass burial site for ashes with the process and legislation mandating cremation for Ebola-infected corpses. Therefore, there were many comments like the following: “if cremation is allowed there is no burial site for family members to visit.”

SA Recommendations:

- Cremation is not popular, but it is not universally disagreed with either. The government has done an effective job at persuading many people in communities that corpses are infectious.
- The global Ebola response has failed to provide communities with alternatives when corpses are not collected. It should:
 - Make a conclusive determination about cremation vs. mass graves vs. private burials. Determination should be based on available resources, not ideal conditions.
 - Provide detailed instructions to community members about how to handle corpses when they are not collected by health teams or burial teams.
 - Provide specific information about managing community-based cremations.
 - Create mass grave for cremated ashes where loved ones can go to remember families, where family members are remembered with their names inscripted on monuments.
 - Implement memorialization practices immediately.
 - Return ashes to families if requested.
 - Assure population that cremation is a temporary measure.
 - Eliminate special exemptions for Ebola burials if cremation is the policy.

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- Religious spaces for each religion should be provided for at cremation sites.

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ISSUE 3: Mass Burials

Support: Many felt that mass burial grounds were a superior solution to cremation, and some even recommended the creation of mass graves in every county in Liberia. Mass burials provided community members with a place to remember the dead. However, mass burial sites were also seen by some as being a good solution to the problems posed by cremation. Some suggested that mass grave *for ashes* should be established as a tribute, effectively serving the same function as a mass burial grave.

Opposition: A recurring fear in Monrovia communities centered on the seeming disappearance of both sick people and corpses who had been removed by health teams and burial teams. Specifically, citizens called repeatedly for the provision of some kind of evidence that their loved one had died and had been properly buried or cremated. One person suggested that the government ask specific families to provide burial sites for their loved ones, which many not have been technically feasible, but certainly echoes the sentiment that families would like direct involvement in determining the treatment of their family members' bodies.

Relevance to the Land Crisis

Many were concerned about how the issues of mass burials and cremations would impact ongoing debates regarding land ownership and land tenure. Some were concerned that the creation of mass burial sites would drive down property values by posing a threat of soil contamination. Others were concerned that the creation of a mass grave would take valuable land out of an already tight real estate market.

Concerns About Environmental Pollution

There was widespread concern about environmental pollution. Local residents alternately feared that the ashes from cremated bodies could pollute air and water supplies, or that the burial of people who had died of Ebola could lead to soil and water contamination. Some specific comments indicated fears about the polluting potential of the smoke generated by burning, and by chemicals used to burn bodies. In order to protect the community against soil and water pollution, some people recommended that mass graves be created in a remote or rural location, far from human settlement.

SA Recommendations:

- Mass burials are preferred to cremation because they offer a place for people to go and remember family members.
- This is not straightforward. Mass burials are tied up with intense public concerns regarding environmental pollution and land reform issues.
- Religious spaces for each religion should be provided for at mass burial sites.
- Engage in public health messaging to provide correct information about whether or not the burial of infectious corpses and cremation results in soil, water, and air contamination.
- Issue a public statement concerning the issue of land ownership and mass graves. Consult with Land Reform Commission.
- Any sites selected for mass graves must not be currently contested property. Consult with Land Reform Commission.
- Mass burials can integrate traditional aspects of burial practices from ethnic groups across Liberia, but it must be recalled that Monrovia has a highly heterogeneous population, and no one religious, ethnic, or class-driven set of practices should dominate the process of mass burial, the organization of mass burial spaces, or the processes of memorialization

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ISSUE 4: Memorialization

In the second WHO/GOL study, conducted during September 2014, community members made specific recommendations for memorialization. They included:

- The declaration of an annual day of remembrance, day of memorial, or “Black Day”
- The construction of a memorial inscribing the names of every person who died during the Ebola epidemic
- The assignment of a mass grave/memorial site where people could go to remember their loved ones
- Funerary parades to honor the dead
- The creation of a scholarship program to support Ebola orphans through their educations
- The creation of funding programs to help communities support Ebola orphans feeding, clothing, and wellness through their childhoods

SA Recommendations:

- These are all excellent recommendations. They should be implemented in consultation with the Liberian National Parliament.

ISSUE 5: Concerns about the use of Governmental Authority to Remove Corpses from Communities

One aspect of corpse management discussed touched upon community’s support for governmental and police authorities using force to remove Ebola-infected corpses from communities. While some contended that the government should use persuasion rather than force, others felt that the continued presence of Ebola-infected corpses in their community was a source of public danger, and endorsed the use of force in corpse removal.

People clearly understood the message “the government said, ‘Don’t touch dead bodies.’” As one individual noted, “People need to stop hiding Ebola dead bodies, [and the] government should make them stop hiding and take bodies away.” Others felt that health teams had superior information, resources, and personal protective equipment for conducting burials, and for those reasons, they should be responsible for managing the bodies of Ebola victims. There was considerable negativity towards community members who were concealing burials.

However, it is a widely known fact that in communities affected by Ebola, the demand for health and burial services has eclipsed supply during the months of July, August, September, and October 2014. Many individuals are concerned that they are being dealt with punitively for burying bodies, even after they have called health teams, and health teams have failed to arrive to remove the body for several days, and they are driven to bury the bodies to prevent further infection, and remove the smell of the rotting corpse from the greater community.

SA Recommendations:

- Immediately implement a system for centralized collection of corpses, or tell communities how to manage corpse disposal safely and securely.